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Bib Data Sheet

CONFIRMATION NO. 8003

SERIAL NUMBER 09/842,458	FILING OR 371(c) DATE 04/26/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. STD 00.02	
APPLICANTS Steven J. Tallarida, Mansfield, MA; Mark Ettlinger, Lexington, MA;					
** CONTINUING DATA ***** This appln claims benefit of 60/199,714 04/26/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/18/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 12	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
ADDRESS 32047					
TITLE IMPLANTABLE HEMODIALYSIS ACCESS DEVICE					
FILING FEE RECEIVED 720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		